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Maxfield
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A Guide
To The Use of The
MAXFIELD-FIELD TENTATIVE ADAPTATION OF THE
VINELAND SOCIAL MATURITY SCALE FOR USE
WITH VISUALLY HANDICAPPED PRESCHOOL CHILDREN

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IN APPRECIATION

The authors wish to express their appreciation to those psychologists who have made extensive use of the Maxfield-Fjeld Tentative Adaptation of the Vineland Social Maturity Scale and who have given generously of their thought and time to a critical reading of this Guide.

In particular, the authors are indebted to Dr. Samuel P. Hayes, Sr., of Perkins Institution for the Blind, for his constructive and critical treatment of the whole manuscript. We are grateful, also, for permission to use tables which he had prepared to facilitate scoring of the Scale.

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Introduction

In 1942, the journal Child Development carried a report by Maxfield and Fjeld on the social maturity of the blind and very low visioned preschool child in which was presented a Tentative Adaptation of the Vineland Social Maturity Scale for Use with Visually Handicapped Preschool Children.^{2,3} Since World War II was under way and since it was generally supposed that infant blindness was decreasing to a very small, irreducible minimum, there seemed little point to the continuation of work on the adaptation at that time.

About this time improvements in obstetrical procedures resulted in an increasing percentage of survival among very small infants--those weighing 2500 grams or less at birth. An alarming number of these premature babies develop an eye condition which was given the name of retrolental fibroplasia by the late Dr. Theodore Terry of Boston. The frequency of this defect, which generally appears not at birth but during the first few weeks of life, seems to vary inversely with the birth weight, i.e. the smaller the infant the greater the likelihood of the defect. Although continuous research has been carried on at leading ophthalmological centers, little light has as yet been shed upon its cause prevention, or cure.

Psychologists whose previous experiences with blind children had been limited are now faced with the necessity of trying to estimate the abilities of babies and preschool

children who are either totally blind or so low visioned as to make impracticable the use of tests designed for the seeing. Only occasionally can the Interim Hayes-Binet, a modification made in 1942 of the revised Stanford-Binet Scale, be used satisfactorily with blind children as young as three years of age, and only when the child gives behavioral evidence of normal development, including a basal age of three. However, this test, like any other intelligence test, calls for cooperation on the part of the subject and cooperation is what many a blind child cannot give at this early age level. Furthermore, it has not as yet proved feasible to standardize the Interim Hayes-Binet below the age of three so that at present a lower basal age cannot be established with any degree of certainty.

The Maxfield-Fjeld Adaptation of the Vineland Social Maturity Scale is also weak in many respects, although a revision now in process by Maxfield and Kenyon promises to increase its value as a practical clinical instrument. Even in its present form it has proved helpful in obtaining a reasonably objective record of development in social competence as well as offering information which, either directly or through deduction, is of considerable help in evaluating the child's environmental situation.

The purpose of this Guide is to assist those psychologists who are utilizing the Tentative Adaptation. Its users are urged to be generous with their questions, and suggestions. Such communications from other psychologists

may well bring new light to bear on aspects of the Adaptation which might otherwise receive too little attention. As for questions, these will be answered gladly to the best of the writers' ability.

Orientation

The Adaptation depends for its effectiveness upon a clear understanding of its nature and purpose as well as on the skill and insight of the examiner. The user needs also to give particularly thoughtful attention to the actualities of the social milieu of which the child's home is a part.

The nature of a social maturity scale is indicated by Doll in the following quotation: "The underlying principles involved in the construction of this scale are much the same as those employed by Binet and Simon for their scale for measuring intelligence. Each item is conceived as representing a general growth in social responsibility which is expressed in some detailed performances as an overt expression of that responsibility. Consequently, the value of the detailed items is to be determined principally by the extent to which they reflect this personal independence in personal activities, in respect to which the detailed performances are otherwise relatively unimportant."³

Ref. 3, p. 2

The purpose of such a scale is to provide the examiner with objectively determined evidence regarding the personal and social competence of a given child in dealing with his own needs and with his own environment when compared with other children of corresponding chronological age. Where the Adaptation is concerned, the comparison is primarily between one blind child and other blind children. However, the clinician who is well versed in what to expect from fully seeing children can make useful comparisons between the behavioral maturity of a given blind child and that of the seeing child.

As on the Vineland Scale, the items on the Adaptation are designed to give information regarding the social maturation of the child in the following areas of growth-- self-help, self-direction, occupation, communication, locomotion, socialization. It must be understood that in the Adaptation the items are not well arranged in an order which might indicate progressive acquisition of competence by the child in each category of competence and within each year's grouping.

The Adaptation does not purport to be a measure of mental ability. Rather, one may say that it does give an inventory of uses to which a blind child has put whatever mental ability he may possess. Preliminary calculations indicate a surprisingly good positive relationship between social quotients and intelligence quotients for those older children for whom ratings of both sorts are available.

However, with the individual child it would be unsafe to infer mental level on the basis of one social maturity rating. The single social maturity rating does seem to provide a point of focus in terms of which other data may be evaluated by the examiner. Yet, adverse circumstances may have prevented any particular child from utilizing dormant abilities or, as occasionally happens, a particularly favorable environment may result in a social age which is higher than the mental age.

It is unwise to make an assumption concerning the developmental possibilities of a blind baby before the social maturity rating is supplemented by additional information regarding factors in the child's situation which may have bearing on his present level of functioning. The social mores which structure the life of the blind child's parents, the socio-economic level of the family, the personality patterns of parents and siblings, the emotional stresses so frequently found in a family whose whole way of life is suddenly changed by the advent of a handicapped baby--factors such as these must be weighed for their possible influence on the effectiveness of the blind child's performance.

Other factors, such as diagnosis and prognosis of visual defect, may yield important evidence for the final clinical judgement regarding a given child's potentialities.

A series of social maturity ratings obtained at

intervals of from six months to a year, over a period of 18 months to two years, gives very useful evidence concerning the likelihood of a child's being able to maintain his original level of progress in social competence. It may also indicate that he has slowed down or even that his development has accelerated so that he has been able to make up for lost time. In short, when used judiciously, the Adaptation may provide a working concept of the adequacy with which a given child is functioning in relation to blind children of his chronological age. Since the Scale measures growth in social competence through the acquisition of skills and behaviors, it can be used as a check on a given child's ability to profit from learning experiences when these are appropriate to his needs. Thus, by a trained clinician, the level of mental ability may be inferred, in general terms, when evidence from the Adaptation is supplemented by data from the child's family and medical histories.

Although it is possible to use the Adaptation with the help of this Guide alone it is highly desirable to have at hand Doll's Manual for the Vineland Social Maturity Scale so that the examiner may check his judgement of the visually handicapped child against what is normally expected of the fully-seeing. Occasionally, also, one finds a child who has some vision so that the use of the Doll Scale for the seeing in addition to the Adaptation for the Blind seems advisable before a judgement is made.

The Tentatively Adapted Scale*

The Tentative Adaptation is given here exactly as it has been used during the last nine years or so, except for a few typographical improvements.**

Although the authors feel that there are many items which need clarification, substitution, or elimination any extensive tampering with the Adaptation in its present form must wait until the research now under way is further advanced. However, toward the end of the Guide comments are made upon a number of items in the hope of simplifying interviewing and scoring for the recorder. Also, on the present record blanks a few items have been re-worded in the interest of clarity.

The categories into which the items fall may be determined by reference to the capital letter following the number. The categories, together with symbols, are as follows:

| | | | | |
|------------|------------|-----|----------------|-------|
| Self-Help: | General | - G | Occupation | - O |
| | Eating | - E | Communication | - C |
| | Dressing | - D | Self-Direction | - S-D |
| | Locomotion | - L | Socialization | - S |

*The Vineland Scale for the seeing is not included in the Guide for reasons of space, since it is assumed that users of the Adaptation will acquaint themselves with the original Scale and its manual.

**Use of the Tentative Adaptation during the first few months after its publication suggested the advisability of changes in wording.

Name _____ Age _____ M.A. _____ I.Q. _____ Date _____
Address _____ Born _____
Informant _____ Relationship _____ Recorder _____
Basal Score _____ Social Age _____
Additional Points _____ Social Quotient _____
Total Score _____

TENTATIVE ADAPTATION OF THE VINELAND SOCIAL MATURITY SCALE
FOR USE WITH VISUALLY HANDICAPPED PRESCHOOL CHILDREN

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0-1

- 1/G. Turns head from side to side.
Is able to rotate head from side to side when in prone position.
- 2/G. "Crows"; laughs.
- 3/G. Balances head.
- 4/G. Grasps objects upon contact.
Will grasp and hold small objects when they come in contact with his hand.
- 5/G. Grasps objects within reach.
- 6/S. Responds to human beings.
Responds to presence of nurse or parents by wriggling, gurgling or otherwise showing desire for being picked up and pleasure at being held or cuddled.
- 7/G. Rolls over.
- 8/G. Attempts to regain lost objects.
Makes definite effort to reach out for desired objects which have slipped from grasp but which are still in contact.
- 9/G. Reaches for nearby objects.
Attempts to obtain objects which are slightly beyond reach, of which he is aware through some sensory stimulation--visual, auditory, olfactory, or tactual kinesthetic (vibration).
- 10/G. Accepts objects when offered.
Will take and hold object for short time when it is placed in his hand.
- 11/O. Occupies self unattended.
*a. Plays with objects three or more minutes. Bangs, shakes, feels or otherwise plays with objects more than momentarily.
b. Amuses self with one or more objects for periods as long as 15 minutes.

*In each case where an item has been divided into two parts, each is given the weight of one-half point.

- 12/0. Shows some choice of objects. Shows preference in toys. Plays more consistently with some than with others. May show pleasure when given some toys and indifference toward or rejection of others.
- 13/G. Sits unsupported with back straight.
a. Momentarily. Is able to sit 10 seconds or more with back straight on firm flat surface without support.
b. Several minutes. Same as a, - except for extended time.
- 14/G. Pulls self to standing position.
a. Makes definite attempts. Pulls self to standing position when adult is assisting by holding under arms, to both hands, or to clothing, etc.
b. Holding to crib or other objects. Comes to standing position when holding to some object (not a person).
- 15/G. Lowers self from standing position to sitting position. Comes to sitting from standing position without falling and without assistance from another person. May help self by holding to objects.
- 16/C. "Talks" - imitates sounds.
- 17/E. Drinks from cup or glass - assisted.
a. Adult holding glass. Accepts liquid from glass rather than from bottle. Glass may be held entirely by adult but infant is able to drink from it without much spilling.
b. Helps to hold glass. Child definitely attempts to hold glass but cannot be depended upon to retain his grasp.
- 18/L. Moves about on floor. Moves about in one fashion or another, creeping, pulling himself about in sitting position or even sliding around in an almost prone position or hitching along in backward direction.
- 19/G. Grasps with thumb and finger.
- 20/G. Releases objects.
a. Releases with contact. Is able to transfer small object from one hand to the other or to release it against a resisting surface as a table top or floor.
b. Drops object voluntarily. Can voluntarily release object in mid-air without touching any surface.
- 21/S. Demands personal attention.
- 22/L. Walks sideways when holding to pen or furniture. Takes steps sideways without assistance of person but holding on to crib, pen, wall, furniture, etc.

- 23/L. Walks assisted.
- a. Walks forward when held by both hands.
Takes steps forward when assisted by person holding both hands or given support on both sides. Child must be able to hold much of own weight but need not have achieved balance.
 - b. Walks with slight assistance.
Has almost attained balance and independent control but is unable to go alone either through lack of confidence or actual physical inability. May be helped by adult holding one hand, by a harness fastened about the waist having reins which may be held lightly by the adult. Sometimes merely holding the child slightly by the clothing at the back of the neck will give him confidence. Any method might be used which gives only slight physical support but which would serve to give confidence to the child.

24/G. Stands alone.

25/E. Does not drool.

26/C. Follows simple instructions.

- a. Inhibits on command.
Will inhibit certain simple acts upon simple familiar command.
- b. Makes positive response to command.
Can perform a simple pantomime like pat-a-cake, hand a toy, shake a rattle, or come to a person on command.

I-II

27/L. Walks alone.

- a. Few steps.
Takes a few steps (four or more) unassisted and unsupported by person or object.
- b. Across room.
Walks without assistance or support approximately the distance of the width of an ordinary room.

28/O. Examines objects with interest.

Begins to show curiosity about objects in his environment as demonstrated by fairly intent examination either by feeling, tasting, or "trying out" in various ways.

29/O. Responds to sounds.

Clearly shows interest in various sounds, such as bells, whistles, etc.

30/O. Manipulates objects.

Shows definite interest in working movable parts of objects as hinged box top, a toy with movable parts, removable lid on box or can.

31/D. Cooperates in dressing.

Finds large armholes and in general cooperates in dressing.

- 32/E. Masticates food.
- 33/D. Removes mittens and cap.
Is able to remove mittens and cap when unfastened and not too tight. Does so as an act of undressing and not just in play.
- 34/D. Pulls off socks or shoes.
Removes socks or shoes when unfastened if not too tight. Does so as an act of undressing and not merely in play.
- 35/O. Transfers objects from one place to another.
- Places objects.
Is just beginning to pick up and place objects with some show of purpose. Definitely places objects rather than merely dropping them.
 - Arranges objects.
Evidences some interest in arranging objects with relation to each other. May be somewhat disorganized piles or groups. Carries objects around. May use push or pull toys.
- 36/O. Responds to music.
Makes general body response to rhythm. May hum or sing.
- 37/G. Solves problems.
- Overcomes very simple obstacles.
Can push small chairs or other small objects out of the way, back walker or kiddie-kar when he runs into large objects, or solve other simple problems.
 - Uses intermediary object.
Climbs on stools, chairs, or boxes to reach; uses stick as implement, etc.
- 38/G. Uses receptacle for carrying.
Uses basket or other receptacle for carrying small objects from one place to another, or for transporting sand or water.
- 39/O. Fetches or carries familiar objects.
- Across room.
Will carry familiar object across room from one person to another if object is in hand.
 - From one room to another.
Will carry familiar object from one person in one room to person in another familiar room.
- 40/E. Drinks from cup or glass.
- Holds glass with supervision.
Can hold glass while drinking but may drop it instead of replacing it on table.
 - Holds cup unassisted.
Handles cup or glass well and can replace it on table.
- 41/S. Plays with other children.
Parallel play but obviously enjoys being with other children. Only slight give and take. Some attempt to defend own rights. May be considerable snatch and grab.

- 42/E. Eats with spoon.
a. Assisted. Shows definite attempt to feed self but food may be put on spoon and help given in guiding spoon to mouth.
b. Unassisted. Uses spoon without help and with moderate spilling.
- 43/L. Goes about house or yard.
a. Holding to walls or other objects. Independent of other people; may cling to objects for security and finding way about, but goes about house or yard alone. May have to be watched from a distance to assure his keeping out of mischief or danger.
b. Walks about freely. Walks about freely in house or yard with only occasional use of objects as guides.
- 44/C. Says two or more words. Must be words which have definite meaning for the child.
- 45/C. Indicates needs or desires through language or gesture. Indicates some needs or desires such as food, toilet, or drink through the use of language or gesture.
- 46/C. Uses names of familiar objects.
- 47/L. Walks upstairs.
a. Assisted. May require considerable encouragement and be physically helped by holding one hand, or dress, or by slight boost on buttocks, but child holds rail and definitely attempts to step and pull himself up in upright position.
b. Unassisted. May be accompanied and encouraged but not physically helped. May hold to rail.
- 48/L. Walks upstairs unaccompanied. Walks upstairs "on his own" if he has the proper motivation. Must walk, not creep. May hold to rail.
- 49/C. Talks in short sentences.

II-III

- 50/D. Helps with panties. Makes definite effort to pull up or push down panties, if not fastened, as an act of undressing or when going to the toilet.
- 51/G. Asks to go to toilet.
- 52/O. Initiates own play activities. Handles objects, exploring and examining them. Carries objects such as blocks around in containers, transports them in wagon and dumps them out. More prolonged and organized play than item 35 or 38. Plays very simply with dolls and teddy bear.

- 53/0. Interested in tactal qualities.
Touches and feels objects of various textures in exploratory fashion--fur, velvet, satin, etc.
- 54/0. Carries out constructive activity (substituted for 43)
Manipulates materials such as clay, bread dough, mud--pounding, rolling, poking and pulling pieces off. Uses peg board putting large pegs in without help. Uses hammer and large-headed nails, hammering nails into soft surfaces.
- 55/S. Attends to stories.
Will listen attentively to short, simple stories which have repetition and which have familiar characters.
- 56/C. Uses pronouns - I, me, you.
Uses these pronouns with some understanding.
- 57/D. Removes coat or simple garment.
Can remove coat or simple garment which opens clear down when unfastened, if not tight or in any way difficult to pull off.
- 58/E. Eats with fork.
May use it as he uses a spoon but can carry food to mouth with only moderate spilling.
- 59/D. Dries own hands.
a. Tries.
Definitely tries but does not yet do it acceptably.
b. Acceptably.
- 60/C. Uses past tense and plural forms.
Makes correct use of both.
- 61/G. Avoids simple hazards.
(same as original but with following addition.)
But does not show excessive timidity.
- 62/D. Puts on coat or simple garment.
a. Assisted.
Can put it on if handed it in right position and helped slightly in getting started. Need not fasten.
b. Unassisted.
Same as original 42.
- 63/C. Relates experiences.

III - IV

- 64/L. Jumps with both feet.
Jumps from low box or off of bottom step with both feet.
- 65/L. Walks downstairs one step per tread.
Walks down without help, placing a given foot on alternate steps. In other words, does not step with one foot and then bring the other foot down placing it on the same step.
- 66/S. Cooperative play at preschool level.
Plays in small groups of two or three. Is beginning to cooperate in various ways such as rocking boat, doing things together, willing to wait turn. Plays circle games. Participates with group in rhythms.

- 67/D. Unbuttons front and side buttons. _____
Can undo all front and side buttons if not excessively small.
- 68/D. Buttons front and side buttons. _____
Can button all front and side buttons if relatively large unless buttonholes are too small or buttons are particularly difficult because of shape or for some reason are hard to get at.
- 69/O. Helps at little household tasks. _____
- 70/O. Makes "pie", "cakes". _____
Makes forms with some approximation to that of object represented, such as pies, cakes, etc. May use mud, clay, sand or other medium.
- 71/D. Washes hands unassisted. _____

IV - V

- 72/G. Cares for self at toilet. _____
- 73/D. Washes face unaided. _____
- 74/L. Goes about neighborhood unattended. _____
Goes about immediate neighborhood unsupervised.
"Immediate neighborhood" does not necessarily involve the crossing of streets. Knowledge of whereabouts and activities may be required and child may be restricted as to area.
- 75/D. Dresses self except tying. _____
- 76/O. Uses pencil or crayon for drawing. _____
In addition to original definition the following activities should be given credit: the use of clay, mud, or other mediums to make recognizable forms, or the use of blocks, buttons, pegs or other material to make recognizable designs.
- 77/S. Enjoys dramatization. _____
Plays singing games, shows great interest in various kinds of dramatic play, such as dramatizing songs or stories.
- 78/S. Enjoys the humorous. _____
Enjoys nonsense rhymes and the humorous phases of stories. May create stories with silly language.
- 79/G. Can skip. _____
Can skip or can hop on one foot with some proficiency. Not just one or two hops but across the room. May change from one foot to the other.

V - VI

- 80/O. Uses skates, sled, wagon. _____
- 81/S. Well adjusted to leaving parent or other familiar person. _____
Is able to leave home for school or other destination alone or with playmates without difficulty in parting from adult to whom he is emotionally attached.

- 82/O. Carries out extended projects. Is interested in projects that carry over from day to day, such as building structures to be used for special purposes as dramatic play. May make objects to be used for special purposes. These enterprises may be carried out alone or in groups. The child may need slight suggestions or supervision from adult but shows definite interest in completing what he starts.
- 83/S. Responds to rivalry. Is spurred on in various activities by rivalry of other children of approximately same age and group.
- 84/S. Adjusts to formal situation. Adjusts readily to group situations such as to modern kindergarten regulations which require a certain amount of restraint, routine and conformity to rules. Can go with adult on short shopping tours, to make short calls, etc. without causing any great concern as to behavior.
- 85/C. Tells long story accurately. Is able to tell a fairly long but simple story of two or three episodes which has been read or told to him at home or at school, getting the principal facts correct. If an imaginative child, may add to and change some of the details to suit his own fancy.
- 86/C. Asks questions of how and what and meaning of words. Is interested in how things work, what they are for, and in the meaning of words.
- 87/L. Can cross streets. Is trusted to cross streets alone where there is relatively little traffic. Watches for cars and obeys traffic lights when necessary.

Suggestions Relating to Administration

As a preliminary step to the administration of the adapted Scale, the writers have made a practice of familiarizing themselves with all available data regarding the child and his family. When this data is judiciously handled, it becomes a valuable basis for establishing rapport with the parent or other informant and with the child. Also, it provides initial direction to the wording of the questions which the recorder asks in the process of drawing out the information needed for scoring the Scale items.

Usually, the medical, family, developmental and social histories of the child will reveal such basic information as degree of prematurity, cause and nature of visual defect, presence of additional physical handicaps, nature of illnesses, the pattern of developmental progress in the past, the socio-economic and educational status of the family and neighborhood.

As much as possible should be known regarding the child's visual defect. Is he a premature baby and blind from retrolental fibroplasia? Is he blind as a result of a brain tumor which may also be affecting his body structure and personality pattern? Or, is he blind from any of a number of other possible causes which may affect only his eyes or which may produce other symptoms more important from a developmental point of view? Is there a cure for his blindness? Can he be given partial vision? Does the cause of his blindness result in frequent or constant discomfort or pain?

For the child with sight a major source of interest and motivation comes from the objects and persons that he sees. For the blind child, who lacks this stimulation to development, other factors may acquire added significance. Physical discomforts--pain in the eyes, knocks and bumps suffered--constant frustration through prohibitions or limitations in activity, unwholesome attitudes within the family group, such factors may result in the formation of a protective shell which in turn may shut the child off

from opportunities for physical, social, and personal growth. All these factors require careful consideration in making a psychological evaluation.*

Almost always, rapport is aided by an explanation regarding the purpose of the Scale. Many parents relax visibly when they finally realize that this is not an "I.Q." test but is instead an inventory of what their Johnny can do in terms of what may be expected of other blind children. They appreciate the fact that the Scale can be used as an objective guide in giving them practical suggestions for helping their child in his development, as well as forming a basis against which the youngster's subsequent progress can be evaluated.

The surest guide to an informant's reliability of reporting is in the personal observations made by the recorder during the course of the interview. On the basis of such observations, questions may be re-asked or re-phrased in order to clarify what has already been reported.

For this reason also, there should be available a few simple toys or other objects which can be presented to the child in order that the psychologist may observe some of the skills about which he remains in doubt. Play materials should be chosen which will provide evidence of the child's reactions to sound, texture, temperature, weights, orders. They should also give an opportunity to check on his

*Ref. 7, pp. 25-26.

ability to grasp, to manipulate, and to distinguish simple differences, as well as on his ability to utilize objects for the attainment of goals.

Where the interview itself is concerned, the questions are not likely to be phrased exactly as they appear on the Scale. It has proved to be better policy to say to the informant, "Tell me how Johnny eats", interjecting questions and comments related to what the informant has been saying. If, after the informant has finished telling how Johnny eats, further information is needed, the Scale questions can be asked individually and any particular problems which Johnny has in this area can be more thoroughly investigated. This informal procedure seems to make the informant feel more at ease, especially if he is a parent; likewise, it seems to take away from him the emotional necessity of being on the defensive for his child. Another advantage of this less structured type of interview is that valuable information frequently is forthcoming which may or may not relate to the Scale but which is important to the psychologist in evaluating the child's potentialities.

Scoring

We urge careful reading of Doll's pages on the subject of scoring.* The procedure is the same for the Tentative Adaptation as for his scale, although the number of items per year-group is different.

*Ref. 3, pp. 12-18.

It is important to keep in mind that this Scale is scored in terms of years and tenths of years rather than in years and months.

For the convenience of the scorer, the following brief suggestions on scoring are given here, together with some helpful tables, with the permission of Dr. Samuel P. Hayes, who devised them some years ago.

Suggestions on scoring the Maxfield-Fjeld Adaptation
of the Vineland Social Maturity Scale,
taken from Doll's Manual of 1936

Score plus (/) an item if it seems clear that the essentials for that item are satisfied and habitually performed without need of undue urging or artificial incentive, or with only occasional assistance in case of special circumstances.

Score plus (/F) an item if the subject does not perform at the time of the examination because of special restraints or lack of opportunity, but which he formerly did perform successfully when no restraints were imposed or where opportunity was present. Such scores receive full credit.

Score no opportunity (N.O.) those items which the subject has not performed and does not now perform because of special restraint or lack of environmental opportunity, such as parental solicitude, adult domination, attendance at high school or college, institutional residence, or other grossly limiting circumstances, but which the subject would perform habitually or could quickly learn to perform if such limitations to behavior were removed. Do not credit performance when this has been limited by physical or mental disability, i.e., do not credit something a subject might do or did do if he were not blind, etc. N.O. scores receive full credit within the range of otherwise continuous plus scores. They receive no credit in the range of otherwise continuous minus scores.

Score plus-minus (/-) those items that are in transitional or emergent state, that is, which are occasionally but not ordinarily performed with full success. Such performance should be more than cursory or fitful. These scores are given half-credit.

Score minus (-) those items in respect of which the person scored has not yet succeeded at all, or only under

extreme pressure or unusual incentive. Such scores receive no credit.

Extra notes on plus N.O. scores

This is a compromise allowance for presumptive performances in the absence of reasonable opportunity for such performance in fact. It is frankly an expedient to avoid penalizing a subject whose performance on a given item is artificially restricted.

Care must be taken not to be ingenuous or too generous in estimating limitations of opportunity or to confuse such limitations with actual immaturity, since the fundamental purpose of the Scale is to measure the extent to which the person progressively dominates his environment and creates, demands, or justifies his own freedom of action as age increases. This is the principal evidence of maturing social responsibility, and care must be taken not to discount it naively. Such items, therefore, should be viewed skeptically as well as sympathetically.

Tables to assist in calculating S.A.'s and S.Q.'s on
the Maxfield-Fjeld Adaptation for the Blind
of the Vineland Social Maturity Scale

C.A.: Subtract date of birth from date of test, counting 15 or more days as an extra month. Change to year and 10ths by using Table A.

Total Score: As in Doll's Manual, credit for one each plus, plus F and plus N.O. score (when within the range of continuous plus scores). Give no credit for plus N.O. scores within the range of continuous minus scores.

S.A.: From the total score, subtract the highest possible year-group score (26 for year 0-I, 49 for year I-II, 63 for year II-III, etc.). Record the highest year resulting and add the fraction of a year from the tables below. Ex: A score of 30 gives 1 4/23 years, or 1.17 years, according to Table C.

S.Q.: Divide the S.A. by the C.A. in years and 10th of a year.

Note: The decimal figures in Table A represent the number of 10ths of a year for the corresponding number of months, Tables B through E are decimal fractions of a year corresponding to the number of items passed.

Table A
Years in:

| <u>Months</u> | <u>Tenths</u> |
|---------------|---------------|
| 1 | .8 |
| 2 | 1.7 |
| 3 | 2.5 |
| 4 | 3.3 |
| 5 | 4.2 |
| 6 | 5. |
| 7 | 5.8 |
| 8 | 6.7 |
| 9 | 7.5 |
| 10 | 8.3 |
| 11 | 9.2 |
| 12 | 10. |

Table B 0-I (26 items)

| | | | |
|------|------|------|------|
| 1/26 | .04 | 16 | .70 |
| 2/26 | .08 | 17 | .74 |
| 3/26 | .115 | 18 | .78 |
| 4 | .155 | 19 | .82 |
| 5 | .19 | 20 | .87 |
| 6 | .23 | 21 | .91 |
| 7 | .27 | 22 | .95 |
| 8 | .31 | 23 | 1.00 |
| 9 | .35 | | |
| 10 | .38 | 1/14 | .07 |
| 11 | .42 | 2/14 | .14 |
| 12 | .46 | 3/14 | .21 |
| 13 | .50 | 4 | .28 |
| 14 | .54 | 5 | .36 |
| 15 | .58 | 6 | .43 |
| 16 | .62 | 7 | .50 |
| 17 | .65 | 8 | .57 |
| 18 | .69 | 9 | .64 |
| 19 | .73 | 10 | .71 |
| 20 | .77 | 11 | .79 |
| 21 | .81 | 12 | .86 |
| 22 | .85 | 13 | .93 |
| 23 | .88 | 14 | 1.00 |
| 24 | .92 | | |
| 25 | .96 | | |
| 26 | 1.00 | | |

Table C I-II (23 items)

| | |
|------|-----|
| 1/23 | .04 |
| 2/23 | .09 |
| 3/23 | .13 |
| 4 | .17 |
| 5 | .22 |
| 6 | .26 |
| 7 | .31 |
| 8 | .35 |
| 9 | .39 |
| 10 | .43 |
| 11 | .48 |
| 12 | .52 |
| 13 | .56 |
| 14 | .61 |
| 15 | .65 |
| 16 | .70 |
| 17 | .74 |
| 18 | .78 |
| 19 | .82 |
| 20 | .87 |
| 21 | .91 |
| 22 | .95 |
| 23 | |

Table D III-III (14 items)

| | |
|------|------|
| 1/14 | .07 |
| 2/14 | .14 |
| 3/14 | .21 |
| 4 | .28 |
| 5 | .36 |
| 6 | .43 |
| 7 | .50 |
| 8 | .57 |
| 9 | .64 |
| 10 | .71 |
| 11 | .79 |
| 12 | .86 |
| 13 | .93 |
| 14 | 1.00 |

Table E III-IV, IV-V, V-VI

| | |
|-----|------|
| 1/8 | .125 |
| 2/8 | .25 |
| 3/8 | .38 |
| 4/8 | .50 |
| 5/8 | .62 |
| 6/8 | .75 |
| 7/8 | .88 |
| 8/8 | 1.00 |

COMMENTS RELATING TO EVALUATION

More study is currently being made of the interpretive significance of certain combinations of items passed and failed. A few points may now be mentioned tentatively as a result of the authors' experience with the Scale.

Experience demonstrates that a social quotient obtained from a single informant should never be considered conclusive by itself.

The social quotient of a prematurely born infant (less than one year old) is very likely to be considerably below 100. When the home environment of the child is conducive to growth, subsequent evaluations often show marked improvement in children whose first social quotients lie between 75 and 90.

A child's social development may be affected by a number of factors--his biological and mental endowment, his physical health, his environment. Each of these should be carefully considered in evaluating the meaning of a given social quotient.

We should not be surprised to find low quotients for children whose parents have been overprotective. A quotient will be more valid as such children have more opportunity to develop.

If there is a considerable spread between a child's basal score and his total score, a problem is frequently indicated. This pattern is often (though not always) found in emotionally disturbed children, cerebral palsied children

or those who are otherwise neurologically handicapped.

Certain items at or beyond their chronological age level are frequently passed by mentally retarded children (see items 29 36, 41, 53, 81). The influence of these items on the social quotient should be given consideration.

Some items seem to be more closely associated with the child's own capacity and less affected by opportunities within his environment (see items 1, 3, 7). Consideration of this group of items is often helpful in evaluating the potentialities of a child who has had little encouragement for growth. These same items may sometimes suggest that the capacity of a child is less than might be indicated by his social quotient, particularly in cases where wise parents have offered many opportunities. On the other hand, some children have been successfully trained (in the sense that animals are trained) to perform fairly advanced skills in spite of limited mental ability.

When a child's development is fairly even except for one type of skill, further investigation is usually profitable. When the problem area is eating, it has often pointed to emotional upset usually generated by a disturbance in his relationship with his mother or his closest adult associate. Again, when speech is the area in which the child is slow, the problem may be the result of interpersonal relationships with other members of the family; it may be a hearing problem; or it may be caused by mishandling (satisfying the

child's needs before he has a chance to speak; or the opposite of this, too much pressure to speak). When a child is slowest in locomotion, it is sometimes learned that the parents have unusual fears for his safety and, therefore, overprotect him. Slowness in self-help skills in general is often associated with overprotection.

Many of these factors affecting the child's performance may be judged by observing the parents' relationship with the child, by listening carefully not only to what is said but how it is said.

These are a few of the things which the authors consider in interpreting a given social quotient. However, it cannot be stressed too often that these are not scientific weights which can be simply applied to any record. They are merely possibilities to consider in situations where they seem to be appropriate. It is hoped that both more definite and more specific guides to interpretation may be made available when the revised Scale is published.

Clarification of Certain Items on the Tentative Adaptation

0-I

11/0 Occupies self unattended.

- b. Differs from (a) in that it implies a deliberate focusing of attention on the play activity. When possible, the recorder will want to check on this item through personal observation before making his judgement. The recorder is sometimes told by the informant that a particular blind baby can

amuse himself for long periods of time when the actual situation is that the baby is satisfied to stay in one place making simple repetitive movements indefinitely and consequently is not troubling his elders.

- 16/C "Talks"; imitates sound. Question may arise here in the case of an older child who is very retarded in social competence but whose opportunities for psychological growth have been seriously limited by environmental factors. In such instances, even the trained clinician sometimes makes too much allowance for the factor of blindness per se, or for environmental factors. Care should be taken that vocalizations typical of the extremely low-grade child, or constantly repeated imitations of certain sounds, are not mistaken for the usual "talk" of the baby who is experimenting with speech patterns, the inflections of which have caught his fancy.
- 19/G Grasps with thumb and finger. Does the child habitually, but not necessarily always, oppose thumb to his four fingers in picking up or holding objects?
- 21/S Demands personal attention. Wants to be noticed, to be included in what is going on. Makes imperious noises, laughs and bounces, then waits to hear if he is getting the desired response. Crying because of hunger or personal discomfort is not pertinent to this item.

- 24/G Stands alone. On a hard, flat surface can stand without support--not even the touch of a fingertip on the shoulder--for approximately a minute. May still be unsteady and have a wide stance. Arms may be raised to shoulder height, trunk may be tipped somewhat but independence in standing is achieved.
- 25/E Does not drool. Has established control of his saliva well enough so that chin is dry except in illness or except as the result of the constant forward tipping of the head which is typical in the case of certain eye conditions such as severe infant glaucoma.

I-II

- 32/E Masticates food. Chews solid or semi-solid food and then swallows it. To be scored plus, both the chewing and swallowing must take place.
- 44/C Says two or more words. Must be words having definite meaning for the child. Caution must be exercised in allowing credit for words like "dada" and "mama" unless there is clear evidence that the child uses them meaningfully. Parents naturally tend to be over-optimistic about such responses.
- 46/C Uses names of familiar objects. Here, persons are not counted as objects. Child must use object names spontaneously. Caution is needed in making sure that a blind child really associated a word with the right object, that he is not merely verbalizing.
- 49/C Talks in short sentences. Frequently, blind children

are found who express a wish or make a statement by repeating the sentence or question in the form which the parent has used in addressing them. This procedure can be misleading to parents, who sometimes tend to think of the large number of words their child is using rather than of the appropriateness of their use. The child needs to show greater independence in expression even though the resulting "sentence" may be a phrase or may simply imply a subject-object relationship. He must have a usable vocabulary of words which he can combine freely to express his own ideas, although the sentence need not be grammatically correct. The spontaneous, verbal expression of the child's own complete thought is all that is required.

II-III

- 51/G Asks to go to toilet. By speech or action lets someone know when he needs to go to the toilet.
- 56/C Uses pronouns "I", "Me", "You". Uses these with some understanding. No longer makes a practice of speaking of himself in the third person, i.e. Jimmy wants this.
- 60/C Uses past tense and plural forms. Makes correct use of both within the limits of the usual vocabulary of a two-to-three year old child.
- 61/G Avoids simple hazards. Quoting from Doll's Manual, page 19, "Comes in out of the rain", literally and figuratively. Shows some caution regarding strangers;

is careful as regards falling on stairs or from high places; avoids dangers of such articles as matches, sharp utensils, glassware; keeps out of the street; is cautious with animals." Because blind children are frequently over-cautious as the result of fears, the following has been added to the original statement: "but does not show excessive timidity." Personal observation by the recorder is particularly helpful in scoring this item.

63/C Relates experiences. Quoting from Doll's Manual, page 27, "Gives simple accounts of experiences or tells stories (unprompted) with sequential and coherent content and relevant detail. Vocabulary and language forms not so important as the continuity of the account."

III-IV

67/D and 68/D Concerning buttoning. Because of the fact that present fashions for three-to-four year olds dictate a minimum of buttons; these two items may be unfair in their requirements. This probability should be considered in making a subjective evaluation of the child's total score.

69/O Helps at little household tasks. Illustration: Carries silver to and from dining room table; "helps" feed the pets; wipes spoons; "helps" in dusting.

75/D Dresses self except tying. Puts on ordinary clothing without help except for tying laces, ribbons or ties. Can manage zippers and large buttons. Clothes may be laid out so that each garment is right side out and top end up.

76/0 Uses pencil or crayon for drawing. This item probably needs re-wording. A number of blind children "draw" because their seeing playmates do so. Few of them have sufficient vision to make recognizable forms but may show discrimination in explaining how they have grouped or massed their colors and lines. The point to the item is to show whether or not the child has achieved some means of representing objects so that other people can know what he is doing. There is also some question concerning the appropriateness of this item for totally blind children.

80/0 Uses skates, sled, wagon. Can operate independently on skates, sled, wagon, or similar playthings. May be done in any location which permits steering, directing, avoiding objects, keeping reasonable balance.

